

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09040

FILED
Apr 08, 2005
Secretary of State

Entity Name: THE CEDAR ISLAND CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2542043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STIRES, DAVID
Address: 6584 ENGRAM RD #503
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: VPD () Delete
Name: DEPPOLITI, RICHARD J
Address: 6584 ENGRAM RD #302
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD () Delete
Name: HUFSTETLER, JAMES L
Address: 6544 ENGRAM RD #202
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD () Delete
Name: STECHER, BILL
Address: 6544 ENGRAM RD #201
City-St-Zip: NEW SMYRNA BCH, FL 32169

Title: D () Delete
Name: FARLEY, PAUL
Address: 1502 HAVEN RD
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: STIRES, DAVID
Address: 6584 ENGRAM RD #503
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: PD (X) Change () Addition
Name: DEPPOLITI, RICHARD J
Address: 6584 ENGRAM RD #302
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD (X) Change () Addition
Name: HARTLEY, WILLIAM
Address: 6544 ENGRAM RD #401
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD DEPPOLITI

PD

04/08/2005

Electronic Signature of Signing Officer or Director

_____ Date